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PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/657,336
		Filing Date	September 7, 2000
		First Named Inventor	Dominique P. BRIDON
		Group Art Unit	1648
		Examiner Name	J. Parkin
Total Number of Pages in This Submission	21*	Attorney Docket Number	500862001500

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form - IN DUPL 2 pgs  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply - Resp to OA of 4/21/05 - 11 pgs  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request - 1 pg  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Discl Stmt - 3 pgs  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input checked="" type="checkbox"/> Terminal Disclaimer - 1 pg  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/>  <input type="checkbox"/> Other Enclosure(s) (please identify below)  <b>1. Form PTO/SB/08a/b - 2 pgs citing 11 refs with copies of 10 refs attached (*does not incl page count of refs)</b>
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Michael R. Ward (Reg. No. 38,651) MORRISON & FOERSTER LLP <div>CUSTOMER NO. 20872</div>
Signature	
Date	August 18, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as "Expres Mail Airbill No. EV 513 652 905 US" in an envelope to the COMMISSIONER FOR PATENTS, MS: AMENDMENT, P.O. BOX 1450, Alexandria, VA 22313-1450 on the date indicated below.

Dated: August 18, 2005      Signature: (LILIA OLSEN)

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	09/657,336
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 7, 2000
		First Named Inventor	Dominique P. BRIDON
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>305.00</b>		Examiner Name	J. Parkin
		Art Unit	1648
		Attorney Docket No.	500862001500

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
9	- 30 = 0	x	= 0

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
0	0

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 4 = 0	x	= 0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 =	/50 (round up to a whole number) x	0	= 0

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer	65.00
2251 Extension of Time (1Mo.)	60.00
1806 Information Disclosure Statement	180.00

**SUBMITTED BY**

Signature	<u>Michael R Ward</u>	Registration No. (Attorney/Agent)	38,651	Telephone	(415) 268-6237
Name (Print/Type)	Michael R. Ward	Date	August 18, 2005		